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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	60-246-240; 10,748
First Named Inventor	Lifson
COMPLETE IF KNOWN	
Application Number	/ Herewith
Filing Date	Herewith
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMBINED EXPANSION DEVICE AND FOUR-WAY REVERSING VALVE IN ECONOMIZED HEAT PUMPS

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

(if applicable).

Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or D sign Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label **026096** OR Correspondence address below

Name **THEODORE W. OLDS**

Address **400 W. Maple Road**

Address **Suite 350**

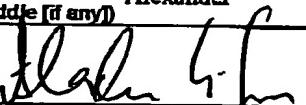
City Birmingham	State Michigan	ZIP 48009
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Country United States	Telephone (248) 988-8360	Fax (248) 988-8363
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name Alexander (first and middle [if any])	Family Name Lisson or Surname
--	---

Inventor's Signature 	Date October 23/2003
--	-----------------------------

Residence: City Manlius	State NY	Country US	Citizenship US
--------------------------------	-----------------	-------------------	-----------------------

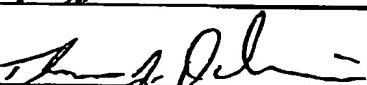
Mailing Address **8198 Dycus Circle**

Mailing Address

City Manlius	State NY	ZIP 13104	Country US
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Thomas J. (first and middle [if any])	Family Name Dobmicer or Surname
--	---

Inventor's Signature 	Date 10/23/2003
--	------------------------

Residence: City Phoenix	State NY	Country US	Citizenship US
--------------------------------	-----------------	-------------------	-----------------------

Mailing Address **9109 Frenchmans Creek Drive**

Mailing Address

City Phoenix	State NY	ZIP 13135	Country US
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Additional inventors are being named on the **1** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Michael F.		Taras		
Inventor's Signature	<i>Michael F. Taras</i>			Date <i>October 23, 2003</i>
Residence: City	State	Country	Citizenship	
Fayetteville	NY	US	US	
Mailing Address	5424 Springview Drive			
Mailing Address				
City	State	ZIP	Country	
Fayetteville	NY	13066	US	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])	Family Name or Surname			
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	ZIP	Country	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])	Family Name or Surname			
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	ZIP	Country	

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PTO/SB/02C (3-97)

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DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Theodore W. Olds	33,080	Frederick A. Goettel, Jr.	25,139
John E. Carlson	37,794	William W. Habelt	29,162
David J. Gaskey	37,139	Bryan D. Rockwell	36,656
Kerrie A. Laba	42,777	Christine Szwerc	43,177
William S. Gottschalk	44,130		
David L. Wisz	46,350		
Karin H. Butchko	45,864		
John M. Siragusa	46,174		
Anthony P. Cho	47,209		
Anna M. Shih	36,372		

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